In Support of a Gerontological Nursing Program: A Resource Exchange Model

By: Virginia B. Newbern, PhD., and Laurie Kennedy-Malone, PhD.

Newbern, V. B. & Kennedy-Malone, L. (1994). In support of a gerontological nursing program: a resource exchange model. *Journal of Professional Nursing, 10*, (3), pp. 186-190.

Abstract:

Master's programs in gerontological nursing have not proven to be popular over the years, and that is still true today despite the increasing numbers of older adults with multiple health care needs. In an effort to market a new gerontological nursing masters' project successfully, a resource exchange network was developed to build a support system rather than a traditional advisory group. This article describes the Gerontological Nursing Network (GNN), provides examples of how resource exchange between GNN members and the project have been beneficial to each, and discusses pluses and problems in using such a model.

Index words: Advocacy; Interdisciplinary; Marketing; Resource network

Article:

The initial planning for a gerontological nursing master's program at the University of North Carolina at Greensboro began in fall 1987. Despite the fact that Virginia Stone had started the first gerontological nursing program at Duke University 20 years earlier in the 1960s, the specialty was still not popular. In 1984, the *Report on Education and Training in Geriatrics and Gerontology* noted that of the 140 graduate programs in nursing in the United States, only 25 were preparing specialists in gerontological nursing; less than 1 per cent of the nurses with advanced degrees in the United States (n = 420) were prepared in gerontology. Most of these were employed in education and administration, yet at the same time only 6 per cent of the faculty responsible for gerontological nursing content were prepared in that specialty (Diamond & Johnson, 1987). Moreover, a survey conducted by the American Nurses Association Council on Gerontological Nursing, of 2,444 nurses practicing in direct care or administration in gerontology found that the typical gerontological nurse was a 50-year-old graduate of a diploma or baccalaureate nursing program practicing in a nursing home with fewer than 200 beds (Chenitz & Suter, 1987). These findings underscore the need noted by the *Report on Education and Training in Geriatrics and Gerontology* (1984) for nurses with advanced preparation in gerontology to practice as educators, administrators, and clinicians.

Planning the Gerontological Nursing Network

Given the unpopularity of gerontology as a nursing specialty, we realized early on that we needed to develop a solid core of supporters across the state to help us with needs assessment, recruitment, marketing, trend analyses, and evaluations. To this end, we decided to put together an interdisciplinary network based on the resource exchange model developed by Sarason and Lorentz (1979). They conceptualized resource exchange as expanding knowledge and opening up opportunities for redefinition and change, for "creat[ing] an ambiance that empowers people" (p. 12). We began to search for "movers and shakers"—people who had power and influence and who had a demonstrated commitment to older adults *and* a deep interest (personal, professional, political, whatever) in seeing that older adults' needs were met. Our aim was to build a network of professionals from the gerontological community to support and sustain the new gerontological nursing concentration. We named this network the Gerontological Nursing Network (GNN). Demographic characteristics of its members are shown in Table 1.

We knew from past experience with advisory committees that we needed to develop a purpose and objectives to which potential members could respond. These are delineated below.

PURPOSE

The purpose of the GNN is to work toward enhancing the health care of older adults through support of the Advanced Gerontological Nursing Specialty Project of the master's program in the School of Nursing of The University of North Carolina at Greensboro.

TABLE 1. Characteristics of GNN Members Other Than Project Faculty

Sex	
Male	3
Female	10
Race	
White	12
African-American	1
Highest degree obtained	
PhD	6
MD	2
Master's	4
Bachelor's	1
Work setting	
Hospital	2
Nursing home	1
State agency	3
Legislature	1
School of nursing	2
School of medicine	1
Voluntary agency	1
Work role	
Vice president for nursing	1
Assistant dean of nursing	1
State surveyor	1
State legislator	1
Director, state agency on aging	1
Director, regional GREC	1
Director, older adult services	1
Director, services for aged	1
Director, state Medicaid services	2
Retired	2
Geographical location	
Foothills	1
Piedmont	6
Triangle area	3
Coastal plain	3
Discipline	
Nursing	6
Medicine	2
Psychology	1
Political science	1
Religious studies	2
Social planning	1

Abbreviation: GREC, Geriatric Education Consortium

OBJECTIVES

The objectives of the GNN are to:

1. serve as advocates for older adults and for the Advanced Gerontological Nursing Specialty Project;
2. assist in marketing the project to potential students and its graduates to potential employers;
3. apprise the project director of trends, market forces, legislation, etc, that might affect the project;
4. serve as preceptors or identify potential preceptors for students;
5. provide or identify clinical sites for student practica; and
6. assist in the evaluation of the project including the GNN, students, and graduates.

Developing the Network

A "wish list" of potential candidates for the GNN was developed over spring and summer 1988, and every candidate accepted with alacrity. They were a diverse group; their demographic characteristics are summarized in Table 1. All hold membership on other boards and committees, some at regional and national levels. Our two retirees are extremely active. One, a former congressman and federal judge, is a member of the North Carolina Institute of Medicine as well as the National Committee to Reform Congress. Dr Virginia Stone, the grande dame of gerontological nursing, was another until her death in 1993.

Given the demanding schedules of the members, as well as the many miles of travel involved in attending meetings, the decision was made to meet semiannually. Meetings are scheduled in different parts of the state so that no one has to travel long distances consistently. In the interim, we keep in touch by telephone as well as by newsletter. In addition, mini-networks chaired by a GNN member are set up to accomplish specific tasks. Persons outside the GNN are brought in to serve in a mini-network if their skills can facilitate the task at hand.

Payoffs for the Project

We had anticipated a number of rewards from the establishment of the GNN: we envisioned members functioning as preceptors, mentors, research associates, and adjunct faculty. They have done all that. A number of them have done much more than that. Through their efforts, opportunities for board membership, consultations, collaborative research, service as expert witnesses, and presentations at state and national levels have opened up for project faculty and students.

GNN members have lectured and served on panels for classes and provided curriculum consultation. They also have served as content experts on thesis committees as well as student projects. Some have served as preceptors; others have arranged for entry into agencies and for preceptors to provide students with practicum experience uncommon to master's programs in nursing. For example, one student was placed with the North Carolina Office on Aging and was involved in developing the North Carolina Aging Services Plan: A *Guide for Successful Aging in the 1990s.* Another worked in a geriatric education center that serves the rural mountain areas of both North and South Carolina.

TABLE 2. Numbers of Minority Students by Academic Year

1988–1989	0
1989–1990	4
1990–1991	6
1991–1992	8
1992–1993	9

Through sponsorship by a GNN member, one student submitted a paper based on her thesis research to the annual student competition of the American Society on Aging—and won! In addition, GNN members have provided support on legislative and policy issues affecting older adults and gerontological nursing. For example, they have lobbied members of Congress for support of nursing education and lobbied the President for funding for the White House Conference on Aging. They have played a major role in evaluation of the project. In addition, their input was critical to the decision to add coursework in psychogeriatrics and care of the elderly developmentally disabled to the curriculum. Most importantly, they have developed and nurtured two mini-networks with very different missions. The first, the Recruitment and Marketing Mini-Network, has from its inception played a major role in attracting minority students to the gerontological nursing program. Its members have spread the word to minority groups across the state and used their own personal networks to market the program. They have done their work well. The steady growth in numbers of minority students is portrayed in Table 2. Although attracting minority students is a goal of institutions of higher education nationwide, the need is particularly acute in North Carolina where more than 24 per cent of the population of persons older than 65 years belong to minority groups according to the 1990 census (personal communication, Triad Area Agency on Aging, September 10, 1992).

The other mini-network has been devoted to fundraising. Early in its history, this group decided to explore the possibility of funding a chair in gerontological nursing. Once that decision was made, the group met with the dean of the School of Nursing and the vice chancellor for Development and University Relations to share their hopes and seek support. As a result, the mini-network received sanction to explore funding possibilities.

Unfortunately, the economic recession hit just as these efforts began. When approached, philanthropic funding agencies were interested, but they asked us to put the proposal on hold until the economic climate improved. To date, just the opposite has happened. As a result, we are sitting in neutral; however, mini-network members—indeed, all the GNN members—are committed to the idea and ready to renew their efforts when the time is right.

Also, when a grant proposal was to be submitted to the Division of Nursing, Bureau of Health Professions, to establish a gerontological nurse practitioner (GNP) program as an add-on to the gerontological nursing concentration at the School of Nursing, the GNN members rallied in support. When the role of the GNP was delineated to members, they were excited by the possibility of educating GNPs for the state. Members realized the impact GNPs could make in meeting the health care needs of the state's older adult population and, in particular, those of special populations such as rural and minority elders.

The GNN members demonstrated their support for the proposed program by sending letters of endorsement. Using their informal networking system, the GNN members also alerted colleagues to the potential program. By the time the grant was funded in July 1992, more than 30 prospective students had contacted the School of Nursing about admission to the courses.

The interdisciplinary network so successfully implemented with the GNN served as a model for developing an advisory committee for the GNP project, providing two strong groups of advocates for gerontological nursing. Although the new group will consist mainly of nurse practitioners, physicians, faculty, and health care agency personnel, representation from state officials supportive of nurse practitioners also will be sought.

Payoffs for GNN Members

In our original grant proposal to develop a GNN, we built in two perks for members. Those who were academically eligible would be nominated for adjunct faculty positions. Also, anticipating varied meeting sites across the state, we budgeted funds for travel to fun places—Wilmington at Azalea Festival time, Asheville when the autumn leaves were at their height, etc.

There have been at least two additional unanticipated payoffs for GNN members. The network itself has paid off in that members use each other as consultants, advocates, and sounding boards. For example, two members received funding for a proposal to set up staff exchanges between a hospital and a longterm care facility. That proposal evolved from a discussion at a GNN meeting.

Also, GNN members have used their relationship with the project to recruit well-prepared staff for their own work places, Practicum students have completed in-depth projects for sponsoring agencies. One student developed a series of protocols for implementing Omnibus Budget Reconciliation Act guidelines in a nursing home. Another surveyed each institution of higher learning in the state to determine its offerings in gerontology and used that information to update the North Carolina Department of Aging publication on the subject. A third developed protocols for a new rehabilitation unit at a Department of Veterans' Affairs Medical Center.

Discussion

In retrospect, the notion of using a resource exchange model to develop something more than the usual advisory committee appears sound. The GNN is alive and well and going strong. However, there are some variables that need to be taken into account in interacting with a dynamic group such as the GNN. In 1990, Beckstrand and McBride articulated a number of issues that they considered important in getting involved with a research interest group. Their list elicited feelings of déjà vu when we read it; we have not found a better list.

TRUST

Members of the GNN are heterogeneous; most of the initial group had never met each other. Their reasons for accepting membership varied widely. However, they shared a common interest in the needs of older people, and that has formed a bond that allows them to move beyond narrow concerns and learn to trust and count on each other. Faculty members have been careful to support and strengthen that bonding whenever possible.

AMBIGUITY

We started with already-written objectives for the GNN, because that was part of the proposal process for establishing the gerontological nursing program. In the beginning, our nurse members were not always sure about our direction. However, over time that ambiguity has often proved to be a strength in that the different perspectives and competencies of the group have led us down pathways we sometimes did not even know existed.

GROUP PROCESS

Group dynamics probably have been our greatest challenge. We wanted "movers and shakers"; we got them. The downside of that is that even though meetings are scheduled months in advance, some members have great difficulty in attending. This means that the group is almost always composed of different people at each meeting. Some members have never met each other. The absentee members are always supportive, but they are not perceived by the core group as real.

Should the absentee members be asked to give up their seats on the GNN? To date, we have not done that. Our rationale is that the GNN was developed as a resource exchange network and therefore, if a member continues to contribute resources and values the resources he or she receives enough in return to want to retain membership, then he or she should be allowed to do so.

SCHEDULING

Scheduling for meetings always will be a problem for the reasons noted above. However, there is another dimension that we cannot afford to overlook. Because the GNN only meets twice per year, it is imperative that the newsletter goes out on time so that all members can stay current on what is happening with the project. Also, monthly telephone calls are done on a random basis just to stay in touch. Of course, these are in addition to issue-related calls, conversations at district meetings, board meetings, workshops, lunches, and the like.

These issues are important. They will never go away. They present challenges, but they also offer opportunities. In our experience, opting for a resource-exchange network is exciting and dynamic and worth the work. The lesson we have learned is that when you bring bright, self-directed, goal-oriented people together around a common purpose, work with them or, at the very least, *get* out of their way!

References

Beckstrand, J., & McBride, A. B. (1990). How to form a research interest group. *Nursing Outlook, 38(4),* 168-171.

Chenitz, C., & Suter, W. (1987). *Gerontological nurses in clinical settings.* Kansas City: American Nurses Association.

Diamond, M., & Johnson, M. (1987). *Gerontological nursing curriculum: Survey analysis and recommendations.* Kansas City: American Nurses Association.

National Institute on Aging (1984). *Report on education and training in geriatrics and gerontology.* Washington, D.C.: U.S. Government Printing Office.

Sarason, S. B., & Lorentz, E. (1979). *The challenge of the resource exchange network.* San Francisco: Jossey-Bass.

Staff (1992). *A guide for successful aging in the 1990's.* Raleigh, NC: North Carolina Office on Aging.